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APPLICANTS
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**** CONTINUING DATA ******* *yes MEC*
 This appln claims benefit of 60/242,819, 10/24/2000

**** FOREIGN APPLICATIONS ******* *none MEC*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 11/19/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>MEC</i> Examiner's Signature Initials	STATE OR COUNTRY NJ	SHEETS DRAWING 4	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
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ADDRESS
034055

TITLE
IMMUNOLOGICAL TEST KIT WITH IMMUNOLOGICALLY INVISIBLE CARRIER

FILING FEE RECEIVED 711	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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